

Navy Hospital Corps Distinction of Duty

Naval Hospital Bremerton/Naval Medicine Readiness and Training Command Bremerton

Story by [Douglas Stutz](#)

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There are 58 names prominently displayed on Naval Hospital Bremerton's Heroes Wall of Honor.

Everyone is a Navy hospital corpsman who lost their life after 9/11.

There are no medics listed, which is not in any way to disparage or lessen the tremendous care, compassion and courage of any U.S. Army combat medic or U.S. Air Force aerospace medical service technician. Especially those who gave their all for another.



It's because there are no medics in the U.S. Navy.

Nor have there been any since inception of the Navy Hospital Corps, June 17, 1898.

There have been a few iterations of hospital corpsmen over the years, such as surgeon's mate, surgeon's steward, loblolly boy, nurse, apothecary and bayman, hospital steward, hospital apprentice and pharmacist's mate.

But no medic.

With nearly 127 years of accumulated legacy, along with years stretching back to the Revolutionary War and Civil War, hospital corpsman have somehow become a forgotten fact to more than one national publication, including several specifically tailored to U.S. military audiences.

What to make of such a gaffe, even if unintended? Are there any actual differences between a Navy corpsman and an Army medic, putting aside point of pride which both have earned?

"I believe the main difference between hospital corpsmen and Army or Air Force medics is the scope of their responsibilities within the medical field. From my deployment experiences in Iraq and Afghanistan, I observed that medics in the Army and Air Force are often trained to perform specific, limited tasks," said Chief Hospital Corpsman Weldekiros K. Aregawi, assigned to Navy Medicine Readiness Training Command Bremerton. "In contrast, hospital corpsmen—especially those assigned as Fleet Marine Force assets or stationed aboard ships—are trained and assigned to perform a wide range of medical duties. These can include starting IVs, drawing blood, administering immunizations, applying casts, dispensing medications, and conducting basic lab tests."

It's presumed, perhaps due to unfamiliarity, lack of insight and possibly due to overlapping similarities, corpsmen get labeled as medics more than medics get identified as corpsmen.

"When people refer to me as a medic, I kindly correct them. I am a U.S. Navy Sailor. We are hospital corpsmen. The term medic is appropriate for soldiers and airmen," added Aregawi.

A longtime colleague and prior hospital corpsman pointedly noted that there is a dignified contrast between corpsman and medic.

"I've never once referred to myself as a medic or former medic," exclaimed Regena Kowitz, current Defense

Health Network Pacific Rim public affairs officer. “There have been times when I’ve said that I was a corpsman and received blank looks, at which point I’ll clarify by saying, “like a medic in the Army but way better!””

There is a shared trait of being fearless under fire.

Hospital corpsmen are the most highly decorated rate in the U.S. Navy, to date being the collective recipients of 22 Medals of Honor, 199 Navy Crosses and 984 Silver Stars. Over 50 Army medics have received the Medal of Honor for their valor in combat.

“Hospital corpsman is the most decorated rate in the Navy,” Aregawi stated, “and with that distinction comes a responsibility to uphold and carry forward the legacy built by those who came before us.”

Hospital corpsmen form the Navy’s only enlisted corps and are also the Navy’s enlisted rating with the most personnel. There are more than 24,000 active duty and Navy Reserve hospital corpsmen assigned to Navy, Marine Corps and joint command assignments, with nearly 30 percent women, compared to over 39,000 active duty, Army Reserve and National Guard combat medics, with over 28 percent women (yet another commonality).

The military occupational specialty for Army combat medics is called 68W, referred to by the call sign Whiskey. A Navy corpsman earns what is referred to as a Navy Enlisted Classification code. Both receive training to learn the fundamental aspects in their chosen medical field, along with additional training to become more specialized.

We reached out to NMRTC Bremerton’s 127th Hospital Corps committee for their take on the distinction between hospital corpsman and medic.

“I think the biggest difference is how corpsmen are a more multi-versed group whereas medics are divided by specialty to create a different military occupational specialty [MOS]. As corpsmen, we work in emergency medicine, preventative medicine, surgery, dental, radiology, laboratory, mental health, education, admin, and more. We acclimate to whatever billet we are placed in. Medics, traditionally, stay within their specialty only and are not sent to a specialty without having that MOS specific training,” shared Hospital Corpsman 2nd Class Sierra Valdez, assigned to Patient Administration.

Corpsmen like Valdez tailor their skillset in some 39 specialties – whether subsurface as a deep sea diving independent duty corpsman to a shipboard IDC – all with advanced training opportunities.

Conversely, an Army medic can further hone their skills and become a Special Forces medical sergeant learning trauma and critical care medicine, and how to identify illnesses and handle injuries in the field. A trained medic can be part of a combat unit or get specialized training in such fields as physical therapy or as surgical technicians.

Another common denominator all branches share, and what sets them completely apart from their civilian counterparts, is that wearing the cloth of the nation means they can be called away at a moment’s notice to provide support when needed. They deploy. Away from home. For months at a time.

Combat medics get assigned to infantry units across the globe, as well as working at stateside military treatment facilities. They lend support during humanitarian assistance and disaster relief needs. During the pandemic years [2020-2023], Army medics helped set up a 250-bed field hospital up the road from Madigan Army Medical Center at Seattle’s (then) CenturyLink Event Center to help treat non COVID-19 patients.

For corpsmen? Its haze gray underway, either surface, subsurface or airborne along with being assigned at hospitals and clinics, considered prime teaching and training platforms. Additionally wherever the Marines go, so do corpsmen. Side by side. Battling and bandaging. Those who earn their Fleet Marine Force qualification are able to provide medical and operational support and earn the title of ‘doc’ by their Marines.

“We are the medical assets for the Marine Corps. We are the first line of defense and are privileged to be the ones to save our brothers and sisters so they can return home to their families and friends,” said Hospital Corpsman 1st

Class (Fleet Marine Force qualified) Austin Santistevan, Urgent Care Clinic leading petty officer and Tactical Combat Casualty Care course instructor.

With Navy Medicine shifting priorities from those years spent down range in Afghanistan to preparing for peer-to-peer adversarial combat, a FMF corpsman or IDC might not have medical evacuation support in a timely manner. They might be on a guided missile destroyer across the vastness of the Pacific, attached to a Marine Expeditionary Group in the northern Atlantic, or somewhere in between. It's up to them to care for their troops, from daily sick call to casualty care, without the immediate presence of a Navy Medical Corps physician or Navy Nurse Corps officer.

The services are actively engaging in more joint collaboration training to ensure Navy, Army, and Air Force personnel can work together, as well as with other allied nations to improve operational readiness.

Another comparable quality between hospital corpsmen and medics is both answer the call of duty on the field of battle. Some don't return home, leaving a nation to grieve at their loss.

Such has been the case for both service branches in recent years.

Hospital Corpsman 3rd Class Maxton Soviak was added to the command's Heroes Wall of Honor. He was killed during a suicide bombing August 26, 2021, at the Abbey Gates of Hamid Karzai International Airport, Kabul, Afghanistan.

Former soldiers gathered at the Medical Education and Training Campus, Joint Base San Antonio-Fort Sam Houston in March, 2022, to remember their fallen comrade-in-arms, Army medic Sgt. 1st Class Benjamin Sebban, killed in action in Iraq over 15 years ago, during a building dedication named in his honor.

So, is the distinction important?

Hospital Corps is in the Kowitz family DNA. Regena's met husband Brad, retired master chief hospital corpsman and independent duty corpsman, when they both were young corpsmen assigned to Naval Hospital Bremerton. The lineage has also been passed to their children.

"Not many people can say they love Navy Medicine so much they birthed a hospital corpsman," quipped Kowitz, noting that son Jordan was born at Naval Medical Center San Diego and served at U.S. Naval Hospital Okinawa and with 3rd Battalion, 5th Marines and 2nd Battalion, 5th Marines at Marine Corps Base Camp Pendleton, California.

"I think it's important to remember the difference between medics, corpsman, and any other rates," Valdez added. "We each have our own culture and history."

That distinction is rooted in the corpsmen pledge to "hold the care of the sick and injured as a sacred trust," and the Army medic creed to provide "the best possible care to those in need."

The collective consensus is that both corpsmen and medic are unique in their shared sense of duty.

Especially when it matters most to save the life of another.